

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/503,802 FILING DATE 03-12-01  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1					
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17	1					
18						
19						
20						
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	13					
TOTAL CLAIMS	19					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
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97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS